

Cal Grant T
Teaching Compliance Verification Form



NAME: _____ SSN _____ - _____ - _____ /CSAC ID _____

ACADEMIC YEAR (i.e. 2006/2007): _____

SCHOOL NAME: _____

SCHOOL ADDRESS (please print/type below): _____ DISTRICT _____ COUNTY _____

☐ YES, I have a mailing address, city, state, zip code, email address or phone number update. (Please print or type below)

☐ YES, I have a name change (Please print or type below): _____

SECTION I: TO BE COMPLETED BY PARTICIPANT

- ☐ **NO**, I did not provide eligible full-time teaching service in a Low Performing School for the academic year listed above. (please explain and then return this form to the Commission)
- ☐ **YES**, I provided eligible full-time teaching service in a Low Performing School for the academic year listed above. I hereby authorize a school official to complete the information below and to release the information to the California Student Aid Commission. (please submit this form to your school district employment office or school principal to complete Section II)

PARTICIPANT SIGNATURE: _____ PHONE #: (____) _____

SECTION II: TO BE COMPLETED BY SCHOOL OFFICIAL

- Did the participant provide a complete year of full-time teaching service during the academic year listed above?
☐ YES ☐ NO (if no, please explain) _____
- If you answered NO to Question number one please answer questions 2. a) and b)
 - Please indicate the number of days in the school year (i.e. 189 days) _____
 - Please indicate the number of days this teacher provided full time instruction (i.e. 165 days) _____
- Indicate the type of school in which the participant taught:
☐ Public ☐ Private Non-Profit ☐ Other: _____

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

PRINT/ TYPE NAME OF OFFICIAL _____ SIGNATURE _____ PHONE NUMBER _____ DATE _____

SCHOOL NAME _____ ADDRESS _____ CITY _____ ZIP _____

SCHOOL COUNTY _____ SCHOOL DISTRICT _____ County District School Code (CDS) 14 digits _____

PLEASE RETURN THIS FORM TO:

CALIFORNIA STUDENT AID COMMISSION
CAL GRANT OPERATIONS BRANCH – CAL GRANT T
P.O. BOX 419028, RANCHO CORDOVA, CA 95741-9028
TELEPHONE: (888) 224-7268 or FAX (916) 526-8002

In order for the California Student Aid Commission (CSAC) to accurately verify your eligibility to reduce your Cal Grant T obligation you must complete and sign the Cal Grant T Teaching Compliance Verification Form and return the signed form to CSAC. Please note, in order to receive consideration for services provided, participants are responsible for returning the completed verification form to the Commission in a timely manner. Failure to return this form may result in an assumption of ineligible service and participants may be placed in a grant re-payment status.

Instructions for completing the Cal Grant T Teaching Compliance Verification Form

When completing this form, please print clearly using blue or black ink only.

Answer each question by filling in the response or checking the appropriate box as it applies to your situation.

1. Print your name as it appears on your Social Security card.
2. Please print your Social Security number or CSAC ID number (your CSAC ID is a number that has been assigned to you by the Commission and can be found on any letters you have received from CSAC)
3. Please indicate the academic year for which you are requesting consideration (for example; 2006/2007 or 2007/2008) Please note if you require consideration for more than one academic year, please photo copy this form and have a separate form completed for each academic year.
4. Please indicate the entire name of the school for which you are requesting consideration.
5. Please fill in the schools address, the school district and the county in which the school resides.
6. If you have changed your mailing address, phone number or email address, please mark the **"YES"** box and print your new contact information on the lines provided below.
7. If you have changed your name, please mark the **"YES"** box and print both your prior name (as it appeared on the Cal Grant database) as well as your new name and how it should appear when it has been changed.

Instructions for completing Section I: TO BE COMPLETED BY THE PARTICIPANT

1. If you did not provide a full year of eligible teaching service at an eligible California Low Performing school, please mark the **"NO"** box and briefly explain why you did not meet these criteria on the line below.
2. If you provided a full year of eligible teaching service at an eligible California Low Performing school, Please mark the **"YES"** box and submit this form to your school district employment office or school principle to complete section II.

Instructions for completing Section II: TO BE COMPLETED BY SCHOOL OFFICIAL

1. Question # 1. If the participant provided full time instruction for a **complete** academic year at the school listed at the top of the form (**complete**= from the first day of school to the last day of school) please mark the **"YES"** box. If the participant did not provide service full time for a complete academic year please mark the **"NO"** box and briefly explain on the line provided.
2. Question # 2. If you answered **"NO"** to question two, please answer both a) and b). For question a) please indicate the number of days in the academic school year. For example: 189 days. For question b) please indicate how many days the participant taught within that year. For example: 165 days.
3. Question # 3 Please indicate the type of school in which the participant provided service by marking the appropriate box. If the school is other than a Public or Private Non-Profit, please mark the "Other" box and indicate the type of school on the line provided.
4. Please complete all requested information in the signature section and return the completed form to the participant. The participant is responsible for returning the completed form to the Commission in order to receive consideration for the service they provided. Please note your school's County District School code (CDS code) can be found using the school directory page on the California Department of Education website www.cde.ca.gov/re/sd/

For more information about filling out this form or for questions about your Cal Grant T status please contact the Commission at toll free (888) 224-7268 option #1. Participants may mail or fax completed forms to:

California Student Aid Commission
Cal Grant Operations Branch- ATTN: Cal Grant T
PO BOX 419028
Rancho Cordova, CA 95741-9028
FAX (916) 526-8002